### **APPLICATION DATA SHEET**

## **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	ADJUSTABLE FOOT PEDAL ASSEMBLY
Attorney Docket Number::	TFX3BUSA
Request for Early Publication::	No
Request for non-Publication::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	5
Small Entity::	No
Latin name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Application::	No

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Charles

Middle Name:: R.

Family Name:: Peniston

Name Suffix::

City of Residence:: Quakertown

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address:: c/o Teleflex Incorporated

155 South Limerick Road

City of Mailing Address:: Limerick

State or Province of Mailing Address:: PA

Country of Mailing Address:: US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: William

Middle Name::

Family Name:: Doucet

Name Suffix::

City of Residence:: Royersford

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address:: c/o Teleflex Incorporated

155 South Limerick Road

City of Mailing Address:: Limerick

State or Province of Mailing Address:: PA

Country of Mailing Address:: US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Dustin

Middle Name::

Family Name:: Harvey

Name Suffix::

City of Residence:: East Coventry

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address:: c/o Teleflex Incorporated

155 South Limerick Road

City of Mailing Address:: Limerick

State or Province of Mailing Address:: PA

Country of Mailing Address:: US

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ronda

Middle Name::

Family Name:: Poirier

Name Suffix::

City of Residence::

Sinking Spring

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address::

c/o Teleflex Incorporated
155 South Limerick Road

City of Mailing Address:: Limerick

State or Province of Mailing Address:: PA

Country of Mailing Address:: US

#### **Correspondence Information**

Correspondence Customer Number:: 00270

Name:: Howson and Howson

Street of Mailing Address:: Spring House Corporate Center, Box

457

City of Mailing Address:: Spring House

State or Province of Mailing Address:: Pennsylvania

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 19477

Telephone:: 215-540-9200

Telefacsimile:: 215-540-5818

E-Mail Address:: tsmith@howsonpat.com

#### Representative Information

Representative Customer	00270	
Number::		

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/412466	09/21/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/426754	11/15/02

#### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assigne Information

Assignee Name:: Teleflex Incorporated

Street of Mailing Address:: 155 South Limerick Road

City of Mailing Address:: Limerick

State or Province of Mailing Address:: PA

Country of Mailing Address:: US